



S/N 09/735,495

#51/MISC. LETTER
T-NC-BET-A-800
2/17/03
GAR? 2/100

RECEIVED
FEB -6 2003
1C 2800 MAIL ROOM

APPLICATION DATA SHEET

Application Information

Application Number:: 09/735,495
Filing Date:: December 14, 2000
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit:: 2100
CD-ROM or CD-R?:: n/a
Number of CD Disks:: n/a
Number of Copies of CDs:: n/a
Sequence Submission?:: n/a
Computer Readable Form (CRF)?:: n/a
Number of Copies of CRF:: n/a
Title:: Compression Based on Channel Characteristics
Attorney Docket Number:: 040071-229
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?::
Latin Name::
Variety Denomination Name::
Petition Included?::
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Swedish
Status:: Full Capacity
Given Name:: Peter
Middle Name::
Family Name:: MALM
Name Suffix::
City of Residence:: Lund
State or Province of Residence:: Sweden
Country of Residence::
Street of Mailing Address:: Annehemsvägen 37
City of Mailing Address:: 226 48
State or Province of Mailing Address:: LUND
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE
Address::

Correspondence Information

Correspondence Customer Number:: 21839
Phone Number:: (703) 836-6620
Fax Number:: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|-------------------|----------------------|----------------------|
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Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
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Assignee Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing

Address::

ENDFIELD